Please Complete ALL Bla	nks		
FOR INSTRUCTIONS, SEE MANUAL Check One:			FORM  DR-1CC OF ORGANIZATION
☐ This is an Initial* Statement of Organization			CANDIDATE
▼ This is an Amended* Statement of Organization			For office use only
*A new Statement of Organization should be filed within 10 days of the		committee's accepting contributions,	Comm.#
making expenditures or incurring indebtedness	ess exceeding \$250 in the	ne aggregate. Whilehold mehre should be	Indexed
filed within 30 days of a change.		FILED	Audited Checked
•		a 4 4000	Computer
		FEB 2 1 1992	
CANDIDATE COMMITTEE NAME			
Official Name of Candidate Committee (Identify acronyms. Last name of candidate should Friends to Elect Bass		be part of official name.)	
Malling Address of committee if a separate headquarters is	established	COUNTY AUDITOR	
152 W. Randall Rd			
City State	Zip Code	Area Code Telephone	
Carroll IA	51401	712 792-9870	
COMMITTEE TREASURER (This address used for all reminders & correspondence) COMMITTEE CHAIR (List other officers as required by law on back of form)			
Name Name			
Brian L. Rupiper		Dan Schaben Mailing Address	
Mailing Address W. Randall Rd		123 W. 21st	•
City, State Zip Code Carroll, IA 51401	Area Telephone Code	City, State Zip Code Carroll, IA 514	Area Telephone
FINANCIAL INSTITUTION IN WHICH FUNDS ARE DEPOSITED 712/792-4048			
Candidate Committees are required by law to deposit all funds and pay all bills from a separate account, and to disclose the name of the financial institution where funds are deposited. Use back of form if more than one. Exception: If all campaign expenses will be paid from personal funds and no donations will be accepted, separate account not required.			
Name of Financial Institution (Bank, Savings & Loan, Credit Union, etc.)			
Iowa Savings Bank			
Mailing Address		Name as shown on account and checks	
510 W. Hwy 30	Friends to Elect Bass		
City State	Zip Code IA 51401	Type of Account (checking, savings, certificate of deposit, etc.)  Checking	
CANDIDATE SUPPORTED			
Name of Candidate		Office County	2
Douglas Bass		Office Sought Sheriff	County Carroll
Address (Home)		Political Party (Democrat, Republican, Independent,	
1012 Sunset Dr		Democrat	1992
City State	Zip Code	Area Code Telephone	•
Carroll IA	51401	712 792	-1002
DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION			
All candidates are required to make a statement of intent of how leftover funds would be expended at the close of the campaign when the committee is disserved. This statement may be amended at a later date if the candidate chooses. The statement must be made, even if the candidate anticipates there will be no leftover funds. The choices listed below are the ONLY legal options.  CHECK ONE AND ENTER SPECIFIC NAME:			
Denate to	:: Local Political Party	Return Prorata to Contribu	
Donate to:	County Central Comm	ittee Transfer to State of Jowa 6	Rors Seneral Fund
Donate to	State Political Party	Transfer to State of Iowa Constitution New Hope	Village
Donate to	National Political Party	, (Specii	y Charitable Organization)
IN TOS		Donate to(Specif	y Candidate's Committee)
STATEMENT OF AFEIRMATION BY TREASU	RER AND CANDIDATE		
I am aware that disclosure reports are required if the committee and/or candidate receives contributions, makes expenditures, or incurs indebtedness in excess of two hundred fifty dollars in the aggregate in a calendar year for the purpose of supporting or opposing any candidate for public office. I am also aware that late filed reports are subject to civil penalties (fines) under the disclosure law. I also understand that although the treasurer normally prepares and files reports, the candidate is responsible under the law for accurate and timely disclosure reports.			
Rus Prince		2-21-92	
Signature of Treasurer Date Signed			
1 /2 /		•	<del></del>
- Michay, Lass,		2-21-92	
Signature of Candidate CPK-020513/140-0063(N)/(Rev. 1992)		Date Sign	ed